

## Architect Exam Application Instructions and Procedures

Registration as an architect in Washington State is based on qualifications and experience. Qualifications are verified by the successful completion of an exam. Experience is verified by documentation of education and practical work experience. You may begin the exam process any time following approval of your application. The board has adopted the national Architect Registration Examination (A.R.E.) developed by the National Council of Architectural Registration Boards (NCARB) as the state exam. **You must successfully complete the entire exam within a five-year period.**

### Application Procedures

1. Contact NCARB to order your Intern Development Program record. It should be mailed directly to the Board of Registration for Architects, P.O. Box 9045, Olympia, WA 98507-9045.
2. Submit the following documents to the Washington State board office:
  - A. Your completed application (*including your signature in the Certification section on page 4*) with the current application fee. Mail to Board of Registration for Architects, P.O. Box 9048, Olympia, WA 98507-9048. Application fees will not be refunded.
  - B. Transcripts and Employment and Experience Summary forms (*if needed*) are to be mailed to Board of Registration for Architects, P.O. Box 9045, Olympia, WA 98507-9045.
  - C. You will be notified of any deficiencies or missing documents in the application.

Notice of approval will be sent on completion of the application. Notice of admission for exam will be mailed from NCARB to the candidate with instructions on how to contact the testing facility.

It's important that you notify us in writing of any changes in address or telephone numbers while you are in the application and examination process.

## Architect Reciprocity Application Instructions and Procedures

### Applicant Qualification Requirements

- A current architect license in good standing in another state, province or recognized jurisdiction. A "recognized jurisdiction" must be a member of the National Council of Architectural Registration Boards (NCARB).
- Evidence that your qualifications and experience are equivalent to those required under RCW 18.08.350.
- You must show evidence of meeting seismic requirements. Seismic requirements were included in the following NCARB exams: California in 1936; Nevada in 1960; Alaska, Arizona, Colorado, Guam, Hawaii, Idaho, Montana, Oregon, Utah, Washington, and Wyoming in 1963; all other states in 1965. If you cannot document completion of seismic requirements, you may be required to complete Division LF (*Lateral Forces*) of the Architect Registration Examination (A.R.E.).
- A typed, double-spaced summary analysis of the Washington State architect law and rules. The analysis should be written section by section in sufficient detail to show full understanding. The summary must include a signed statement that it is your own work.

### Applicants with NCARB Council Records must submit the following documents to the board office:

1. Your completed application.
2. The reciprocity application fee and initial 2 year registration fee. Make your check payable to Washington State Treasurer and mail it to the Board of Registration for Architects, P.O. Box 9048, Olympia, WA 98507-9048.
3. Written summary of Washington law and rules. Please contact us for the summary instructions. Order your NCARB Council Record, and have it sent directly to the Board of Registration for Architects, P.O. Box 9045, Olympia, WA 98507-9045.

## **Architect Application Instructions and Procedures (cont.)**

**Applicants without NCARB Council Records must submit the following documents to the board office:**

1. Your completed application.
2. Reciprocity application fee and initial 2 year registration fee. Please make your check payable to Washington State Treasurer and mail it to the Board of Registration for Architects, P.O. Box 9048, Olympia, WA 98507-9048.

In addition, the following documents should be mailed to Board of Registration for Architects, P.O. Box 9045, Olympia, WA 98507-9045.

- a. Your official college transcript indicating degree awarded (*not needed if licensed more than 8 years*).
- b. Your current state certification and certification of written examination from the jurisdiction granting original registration, including verification of completion of seismic requirements.
- c. Documentation of practical work experience for a minimum of 3 years on forms provided. If you do not have an accredited degree, documentation of qualifying work experience totaling at least 8 years must be submitted (*not required if licensed more than 8 years*).
- d. Written summary of Washington law and rules.

### **Oral Interviews**

An oral interview is required for reciprocity applicants. The Board may waive this requirement for applicants with an NCARB "Blue Cover" certificate.

### **Applicants From Another Country**

Applications for reciprocity from another country will be reviewed by the board to determine if your qualifications are equivalent to those required under Washington law. You must have passed an exam for licensure equivalent to the NCARB examination.

If you have a college degree from a foreign country, you may request that an educational evaluation report be prepared. Please request an EESA comprehensive evaluation report which compares your educational credentials with the NCARB educational requirements. If you would like to get an educational evaluation, submit your written request to:

Educational Credential Evaluators, Inc.  
Attn: Executive Director  
P.O. Box 92970  
Milwaukee, WI 53202-0970  
Phone: (414) 289-3400

### **Licensing Information**

Your license will be issued after successful completion of the oral interview or approval from the board to set aside the oral interview requirement. A wall certificate suitable for framing will follow in approximately 60 days. It is important that you notify our board office of any address change to insure receipt of renewal notices. Please contact our board office at (360) 664-1388 if you have any questions.

### **Mailing Instructions**

Mail the application, application fee, and initial licensing fee to:

Board of Registration for Architects  
P.O. Box 9048  
Olympia, WA 98507-9048

Please mail all other supporting documents to:

Board of Registration for Architects  
P.O. Box 9045  
Olympia, WA 98507-9045

**Once filed, this application is a public record and is subject to public disclosure. RCW 42.56**

## Architect Registration Initial Application

FOR VALIDATION ONLY

003-070-208-0000

### Application Method (check one):

☐ **Examination**      ☐ **Reciprocity**

Make remittance payable to: State Treasurer

Send this application with your remittance to:

Department of Licensing

PO Box 9048

Olympia, WA 98507-9048

### 1. Personal Information – Print your name as you wish it to appear on your certificate

Name (last, first, middle)		Maiden name (if applicable)		Gender (F or M)	Date of birth (mo, day, yr)
Street address				Social Security no.*	
City		State	Zip code	County	
Telephone no. (normal business hours) (     )	FAX no. (     )	Home telephone no. (optional) (     )		E-mail address	
If applying by reciprocity, Indicate State of <b>Current</b> Registration	Reg. State	Date of original registration		Registration no.	
Seismic requirements completed in (state and date)			If NCARB certified, enter certification no.		

\* State Law, RCW 26.23.150, requires all applicants to furnish their Social Security Number when applying for this license. If this application is for a business that is a sole proprietorship, the proprietor must furnish his/her Social Security Number. An application with incomplete information will not be processed.

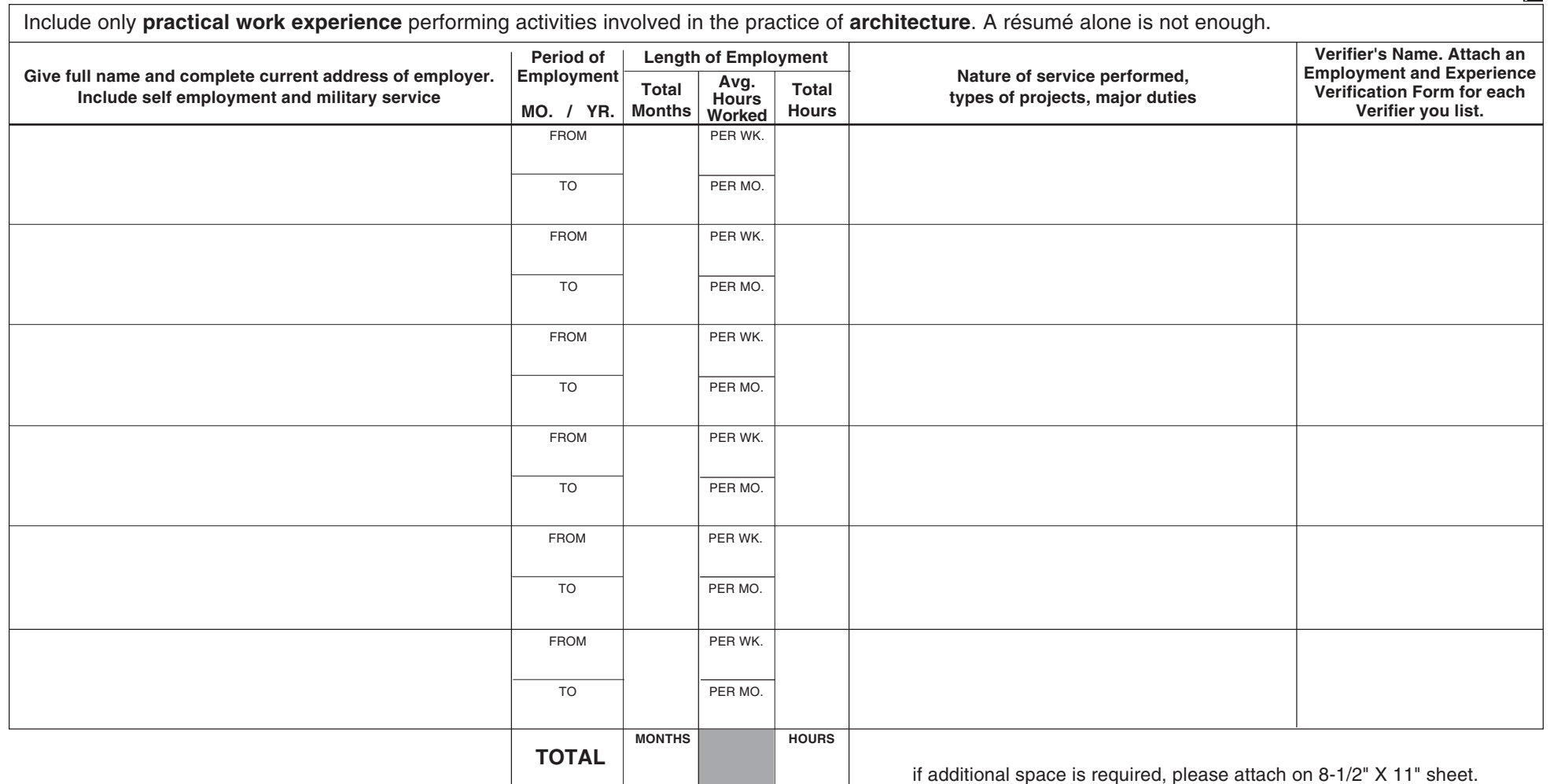
### 2. Educational Background

Name of colleges, universities, technical schools	Location	Dates of attendance from/to	Degree
Applicable education and supplemental training	Location	Dates of attendance from/to	Certificate/degree, etc.

### 3. Licensing and Legal History

1. Have you ever been convicted of a felony or misdemeanor other than a traffic violation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has your registration been revoked, suspended, or denied in any licensing jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you received any disciplinary action in another jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If your answer to any of the above is YES, attach explanation on a separate sheet (8-1/2" X 11").		

Place in chronological order (*most recent first*)



I hereby authorize any business associates (past and present) and any governmental agencies (local, state or federal) to release any information, files or records which may be required for a background investigation, to the Department of Licensing. I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind. Should I furnish any false information in this application, I hereby agree that such act may constitute cause for the denial, suspension or revocation of my license to practice in the state of Washington.

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

<div style="display: flex; align-items: center;"><div style="font-size: 2em; margin-right: 5px;">X</div><div style="border-bottom: 1px solid black; flex-grow: 1;"></div></div> <div style="display: flex; align-items: center;"><div style="width: 20px;"></div><div>SIGNATURE</div></div>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; align-items: center;"><div style="width: 20px;"></div><div>DATE AND PLACE</div></div>
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## Architect Applicant Employment and Experience Summary

**Please check one:**

☐ **Exam**      ☐ **Reciprocity**

The individual whose name appears below has applied to the Board for architectural registration. As a former supervisor, the information you provide will be used to determine the applicant's eligibility for entrance into the exam process or for reciprocal registration. Entrance to the exam may depend on this experience, so specific dates are important.

### 6. Employment Verification

Applicant's name							
Address (street, city, state, zip)							
Worked under my supervision at (name of firm)							
From (month, day, year)	To (month, day, year)	Total months	Avg. hours per month	Avg. hours per week	Total hours		
Check the following activities the applicant performed: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Programming Client Contact  <input type="checkbox"/> Site and Environmental Analysis  <input type="checkbox"/> Schematic Design  <input type="checkbox"/> Building Cost Analysis  <input type="checkbox"/> Code Research  <input type="checkbox"/> Design Development  <input type="checkbox"/> Construction Documents (Graphic)  <input type="checkbox"/> Other: _____         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Engineering Systems Coordination  <input type="checkbox"/> Specifications and Materials Research  <input type="checkbox"/> Document Checking and Coordination  <input type="checkbox"/> Bidding and Contract Negotiations  <input type="checkbox"/> Construction (Office)  <input type="checkbox"/> Construction (Observation)  <input type="checkbox"/> Office Management  <input type="checkbox"/> Project Management         </td> </tr> </table>						<input type="checkbox"/> Programming Client Contact <input type="checkbox"/> Site and Environmental Analysis <input type="checkbox"/> Schematic Design <input type="checkbox"/> Building Cost Analysis <input type="checkbox"/> Code Research <input type="checkbox"/> Design Development <input type="checkbox"/> Construction Documents (Graphic) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Engineering Systems Coordination <input type="checkbox"/> Specifications and Materials Research <input type="checkbox"/> Document Checking and Coordination <input type="checkbox"/> Bidding and Contract Negotiations <input type="checkbox"/> Construction (Office) <input type="checkbox"/> Construction (Observation) <input type="checkbox"/> Office Management <input type="checkbox"/> Project Management
<input type="checkbox"/> Programming Client Contact <input type="checkbox"/> Site and Environmental Analysis <input type="checkbox"/> Schematic Design <input type="checkbox"/> Building Cost Analysis <input type="checkbox"/> Code Research <input type="checkbox"/> Design Development <input type="checkbox"/> Construction Documents (Graphic) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Engineering Systems Coordination <input type="checkbox"/> Specifications and Materials Research <input type="checkbox"/> Document Checking and Coordination <input type="checkbox"/> Bidding and Contract Negotiations <input type="checkbox"/> Construction (Office) <input type="checkbox"/> Construction (Observation) <input type="checkbox"/> Office Management <input type="checkbox"/> Project Management						
Describe roles and responsibilities							

### 7. Verifier's Information – To be completed by the experience verifier

The person whose name appears above has applied to the board for architect licensing. Your information will be used to determine the applicant's eligibility for licensure. If you are not licensed as an architect please attach a copy of your résumé. Mail this completed form to the board's office at the address shown above.			
Verifier's name			Title
Verifier's current organization			Telephone no. (     )
Organization's address (street, city, state, zip)			
Comments			
Your state of licensure	License type	License no.	Year of licensure
Is the applicant of good moral and ethical character?			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Signature <b>X</b>			Date
Print or type name			